

## RECORD OF MEDICAL EXPENSE APPLIED TO THE DEDUCTIBLE

1. CASEHEAD: \_\_\_\_\_ 2. CASE ID: \_\_\_\_\_ 3. CO. CASE NO.: \_\_\_\_\_

4. CERTIFICATION PERIOD: FROM \_\_\_\_\_ THRU \_\_\_\_\_

Record medical expenses in the order in which they are incurred:

[illegible]

Record last deductible  
balance from previous page:  
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[illegible]

